COACH NATE MAST PRESENTS THE

PARKLAND COLLEGE 2011 WINTER HOLIDAY CAMP

Name: _____

Address: _____

City, state, zip: _____

Parent/guardian phone number: (_____) _____ – _____

Age: _____ Grade: _____ Birthday: _____ / _____ / _____

School: _____

Insurance company: _____

Policy/group number: _____

Emergency contact: _____

T-shirt size: _____

Payment: $60/child ($10 discount for multiples)

❑ Check (payable to Parkland College) Total enclosed: $_____

❑ Visa ❑ Discover ❑ MasterCard

Credit Card Number

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Exp. Date _____ / _____ / _____ 3-digit code (back of card) ☐☐☐

I, _____, do hereby release Parkland College and any and all of its representatives from any and all liability during the time of this camp/clinic. I understand this is an athletic event and injuries may occur during participation and execution of basketball related activities. Furthermore, I authorize the director of the basketball camp to act for me according to his best judgment in any emergency requiring medical attention. I know of no mental of physical problems which affect my child's ability to safely participate in this camp.

If applicable, please list any allergies or existing medical conditions: _____

_____

Sign: _____ Date: _____

Please detach and return to:
Parkland College
c/o Nate Mast, P204
2400 W. Bradley Ave.
Champaign, IL 61821